



COLORADO
Department of Public
Health & Environment



Colorado IMPAIRED DRIVING PREVENTION TOOLKIT



A scenic photograph of a winding asphalt road through a forest with vibrant autumn foliage in shades of orange, yellow, and red. In the background, snow-capped mountain peaks rise against a clear blue sky.

COLORADO IMPAIRED DRIVING PREVENTION TOOLKIT

Submitted to:

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Department of Public
Health & Environment

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INTRODUCTION



Project Background

In 2022, OMNI Institute (OMNI) contracted with the Colorado Department of Public Health and the Environment (CDPHE) to compile a toolkit of resources, best practices, and prevention strategies that will aid communities and community-based organizations in selecting and implementing interventions to prevent impaired driving (ID) among youth across Colorado, using equity, diversity, and Positive Youth Development frameworks. The ultimate goal of the toolkit is to decrease injury and death in Colorado related to impaired driving.



OMNI is a nonprofit social science consultancy that provides integrated research, evaluation, and capacity-building services to foster understanding, guide collaboration, and inform action that accelerates change toward a more equitable society.



CDPHE is a state agency that is responsible for protecting and improving public health throughout Colorado. Its purpose is to promote and protect the health and well-being of all Coloradans. To achieve its mission, CDPHE provides a wide range of programs and services; collaborates with local and regional partners; provides education and outreach; and engages stakeholders to create and execute policies and programs.

In 1998, the Colorado Department of Human Services established a committee to oversee the use of Persistent Drunk Driver (PDD) funds, which are composed of monies collected from penalty surcharges from those convicted of driving impaired. The PDD Committee, alongside CDPHE's Community Prevention and Early Intervention Team used PDD funds to establish the creation of this toolkit.



Additionally, this toolkit was created through the collaborative efforts of a steering committee comprised of ten members from six different counties across the Central Mountains, Northeast, Southeast, Southwest, Western Slope, and Front Range regions of Colorado. OMNI convened monthly meetings where the committee discussed challenges, successes, and gaps in current ID prevention efforts. Steering committee members included both youth and adult members, hailing from a wide range of organizations such as public-school districts, youth empowerment organizations, and community-based nonprofits. Their collective insights and expertise were instrumental in the development of the toolkit and their input can be seen throughout the toolkit in designated call-out sections.

What Is A Toolkit?

A toolkit is a set of resources designed to help communities achieve a particular goal or task. In the case of this impaired driving (ID) prevention toolkit, we have evaluated and compiled a variety of resources on the issue of ID, existing prevention strategies, understanding community needs and readiness, and implementing strategies. The audience for this toolkit is community members, prevention practitioners, policy makers, and anyone invested in reducing impaired driving among young people.

The development of this toolkit drew on multiple sources of information: research conducted by OMNI staff including an environmental scan of current ID resources, and input from the steering committee. The environmental scan is a thorough examination of the available prevention resources and strategies in Colorado, with a specific focus on those that promote racial equity and Positive Youth Development. From this research, OMNI identified local and national resources relevant to impaired driving prevention, as well as best practices and areas where additional research or services may be needed. Throughout this toolkit you will find resources on prevention-related innovations borrowed from issues in behavioral health other than ID. Given the possible varieties in the makeup of communities and level of need, in most cases several resources have been assessed and offered.



Introduction:

Understand the background of the Toolkit Project.



Impaired Driving:

Find out more about ID in Colorado.



Stakeholders:

Identify the most important people and groups when it comes to ID.



Prevention Interventions:

Find out what works and how ready your community is to act.



Additional Considerations:

Special factors when it comes to ID prevention.



Appendices:

Additional and supplementary information is stored here.

How To Use This Toolkit

This toolkit is designed to be as accessible as possible to benefit different audiences. Begin by reading the toolkit carefully and identifying what strategies are most relevant to your community or desired approach to prevention. If you are reading an electronic version of this toolkit, references and outside resources can be accessed via embedded links directly in the text. At the end of this toolkit, you will find an **appendix** which includes the environmental scan, and a full list of the references, as well as other resources. Additionally, there is a Spanish version of the entire toolkit available. Contact OMNI Institute or CDPHE for a copy of the toolkit in Spanish.

The toolkit is divided into six sections. Each section is color-coded, and you can use the links in the ribbon at the bottom of each page for easy navigation between sections.

Important Perspectives

The resources evaluated and selected for inclusion in this toolkit, as well as the formation of the steering committee, were informed by three key lenses or perspectives.



Positive Youth Development (PYD)

PYD is an **evidence-based approach** that values youth as equal partners in developing strategies. At every step and ongoing in processes, youth are involved in decision making and having authentic relationships with caring adults who are invited by youth to collaborate in programming. The PYD perspective is strengths-based, in that it supports youth in developing skills in multiple areas of their lives. Using the PYD approach for initiatives related to ID involves moving away from fear-based or punitive strategies in favor of adopting those that promote inclusivity, accessibility, social-emotional safety, affordability and equity. Colorado is recognized as a leader in promoting and operationalizing PYD at the state, local and community level. Colorado defines PYD uniquely as a universal approach with a practical lens that cuts across multiple risk factors and across all levels of prevention.

Racial Equity

Impaired Driving is a symptom of larger systemic issues in society. **Roadway travel is less risky for white people than members of other racial and ethnic groups**, even accounting across modes and quantity of transportation. When it comes to ID, the percentage of alcohol-impaired-driver fatalities are **disproportionately higher** for Hispanic or Latino, Black or African American, and American Indian or Alaska Natives compared to white driver fatalities. This statistic does not imply that an alcohol-impaired driver caused a crash or fatality, just that one occurred. This is due to several reasons, such as poorer roadway infrastructure in urban areas where more people of color live, disparities in the density of substance outlets, and reduced access to substance use prevention efforts. Certain common strategies like sobriety checkpoints or increasing the frequency of law enforcement stops have **different implications in Black and Brown communities**. Thus the resources and strategies compiled in the toolkit take the perspective that we must be inclusive of the needs and culture dynamics of people of color.

Geographic Diversity

There are unique values, social pressures, and environmental risks in rural communities that **contribute to ID**. Some factors include poverty and unemployment, lack of access to mental healthcare or treatment services, and higher levels of isolation. This means that prevention efforts, and resources like this toolkit, need to consider the perspectives of those from different geographical and cultural locations.





IMPAIRED DRIVING IN COLORADO



What Is Impaired Driving?

Impaired driving (ID) refers to the operation of a motor vehicle while under the influence of substances such as alcohol, cannabis, illicit drugs, and certain prescribed or over-the-counter medications. ID has serious physiological, social, legal, and financial consequences both for the impaired driver, other drivers, passengers, friends, family involved, and the larger community.

Results of Impaired Driving:



**Serious injuries
and loss
of life**



**Over 20,000
court cases per year
in Colorado**



**Feelings of
shame and
judgement**



**Heavy fines
and loss
of employment**



In 2021, nearly 255 lives were lost on Colorado's roads in a crash that involved an impaired driver. Rates of ID Colorado tend to be on par with that of the entire nation. The Colorado Department of Transportation, National Highway Traffic Safety Administration, and the Centers for Disease Control and Prevention (CDC) are good resources for more information on the costs of ID in Colorado and elsewhere.

ID is not just a problem for densely populated urban areas. Studies show that rural areas, while having fewer total incidents, have higher rates of ID-related arrests, fatal accidents, and court cases. In 2023, this is the case for Colorado as well. Compared to individuals in urban areas, those in rural areas tend to have more limited access to treatment for substance use, such as limited transportation and availability of services.

Finding current data on ID for your area in Colorado may require some detective work, and if you are working with school systems to understand data around underage drinking, permission or approval may be required. A table showing useful sources for ID data is listed in the appendix section of the toolkit.

What Is Prevention?

Traditionally, a great deal of interventions to reduce ID have focused on responses to those who have already been in an ID-related crash, such as arrests and appearing in court, or decreasing the likelihood that someone will drive after already being impaired by substances. The field of prevention for this issue, however, is expanding. Prevention involves identifying and addressing changeable factors linked to ID to prevent it before it happens.

Risk and Protective Factors for Impaired Driving (ID)

Risk factors are characteristics that come before and are associated with increased likelihood of ID happening, while protective factors lower the likelihood of ID or reduce the impact that risk factors may have. ID is the result of the interplay of risk and protective factors in multiple areas of a person's life. Prevention efforts should engage youth who display multiple risk factors and aim to influence more than one factor.

RISK AND PROTECTIVE FACTORS FOR IMPAIRED DRIVING		
Area of Life	Risk Factors <small>Adapted by Safe States, (2021). Socio-ecological Model for Driver Safety.</small>	Protective Factors
Environmental / Sociodemographic	<ul style="list-style-type: none"> • Lower socioeconomic status • Easy access to substances • Low availability of alternative transportation options • High density of alcohol outlets in the area 	<ul style="list-style-type: none"> • Existence of alcohol or cannabis marketing policies or regulations • Taxes on alcohol sales • Blood alcohol content laws • Enforcement of seat belt use laws • Increased access to alternative activities
Individual / Behavioral	<ul style="list-style-type: none"> • Using substances at an early age, or use of multiple substances • Lower grades in school/missing school • Engaging in other risk-taking behaviors • Impulsivity or aggressiveness 	<ul style="list-style-type: none"> • Increased participation in community-based or after school youth programs • Being a low risk-taker • Low impulsivity • Lower levels of anxiety or depression
Relational	<ul style="list-style-type: none"> • Parents modeling or approving or ID-related behaviors • Low parental monitoring • Perceiving that peers use substances 	<ul style="list-style-type: none"> • Spending time in academic, extra-curricular, sports and religious activities • Parental education level at high school or college

It is important to note that risk and protective factors affecting some groups or individuals may not be as relevant or may be more impactful for others. Many common data sources for ID now provide data points on risk and protective factors too, so that you can begin to understand which of these factors are most relevant in your community.

Ideally, upstream prevention strategies should be planned that will impact multiple problem behaviors allowing for the reduction of risk factors and building of protective factors at the level of the community.



PREVENTION



Prevention involves addressing multiple root causes and intertwined risk and protective factors of Impaired Driving.

Fear-based strategies for ID, such as mock crashes, should be avoided when working with youth. Youth and others don't tend to connect these consequences with their personal behaviors, and these strategies can trigger those who have experienced ID. What's worse is some of these strategies can backfire: they are perceived as interesting or even entertaining, and individuals are not learning what they need to about prevention.



STEERING COMMITTEE VOICES



STAKEHOLDERS



What Is A Stakeholder?

A stakeholder is any individual, organization, community group, or policy maker who have an interest in or are affected by the consequences of ID and are committed to its prevention. Put together, the entire community is a stakeholder.

Identifying, creating, and maintaining partnerships with stakeholders can help to focus resources, avoid duplication of efforts, and ensure sustainability of your ID prevention strategies.

Vital stakeholders to consider for the prevention of impaired driving are...



Many organizations and health agencies identify common strategies for working with stakeholders when it comes various public health issues, including ID. **Engaging stakeholders from the beginning of planning and implementation of prevention strategies:**

- ✓ Reduces perceptions of conflicts or barriers in implementing programs.
- ✓ Reduces the chances for important elements of programming being overlooked.
- ✓ Increases stakeholders' awareness and commitment to prevention.
- ✓ Increases the chances stakeholders will advocate and support prevention programming.

The resources below share these common tips for engaging stakeholders at the community level:

- Maintain open, honest, and regular communication with the stakeholders and identify their expectations around planning prevention strategies.
- Identify during the initial meetings possible conflicts between stakeholders and barriers to participation, and facilitate productive working arrangements that respect everyone's time and schedules.
- Incorporate stakeholders' opinions and insights into the prevention process.
- Express gratitude and positive reinforcement verbally, and if possible, in more tangible ways (e.g., letter of appreciation, public recognition).

Several of the existing tools referenced in various sections of this toolkit are from areas of public or behavioral health other than ID. However, the content and steps outlined in these resources can be applied to any public health program or initiative, including ID.



WORKING WITH STAKEHOLDERS



Consider your community and who you are looking to impact in your prevention. Start with different categories based on age, identity, and geography.

Try to get as many stakeholders as possible at the table when it comes to ID prevention. One strategy for successful partnering is having a “translator” to bridge gaps between different stakeholders or organizations; someone who knows the ins-and-outs of a stakeholder group. For example, enlist a former law enforcement officer in strategic planning. Another way to foster positive relationships is to see what you can do to “take something off the plate” of a fellow stakeholder to gain buy-in where goals overlap. Be aware that there may be pushback and anticipate ways to respond. It is important to have a diverse youth presence involved at every level of decision making—youth of different ages and regions. One youth does not speak for all.



STEERING COMMITTEE VOICES

STAKEHOLDER ENGAGEMENT TOOLS FROM BEHAVIORAL HEALTH

Source	Tool Name and Link	Behavioral Health Area	Details
Asset-Based Community Development Institute	<u>Discovering Community Power</u>	Not Specified / Adaptable to ID	Rural and community-focused guide to mobilize local assets and organization capacity
CDC	<u>Identifying and Determining Involvement of Stakeholders</u>	Sexually Transmitted Disease Programs	Quick guide resource for identifying relevant stakeholders
CDC	<u>Best Practices User Guide: Youth Engagement–State and Community Interventions</u>	Tobacco Use Cessation	Tips for engaging youth in health initiatives, with a focus on policy advocacy
Colorado Behavioral Health Authority 	<u>Community Engagement: Guidance for Data Collection</u>	Not Specified / Adaptable to ID	Step-by-step approach to engaging a community
FHI 360	<u>Stakeholder Engagement Toolkit Quick Guide</u>	HIV Prevention	Comprehensive tool for planning, identifying, and sustaining stakeholder partners
Prevention First	<u>Increasing Community Engagement</u>	Substance Use Prevention	Template and checklist for promoting prevention strategies
SAMHSA	<u>Reaching and Engaging “Non-College” Young Adults in Prevention Efforts</u>	Underage Drinking Prevention	Tips for overcoming common challenges to reaching and engaging young adults in prevention efforts
SAMHSA	<u>Guide to Youth Engagement in Underage Drinking Prevention Events</u>	Underage Drinking Prevention	Strategies for engaging youth via community town hall events
University of North Dakota Center for Rural Health	<u>Community Engagement Toolkit</u>	Broad Spectrum of Health and Community-Level Concerns	Rural-focused resource Provides community engagement models and processes
U.S. Department of Justice	<u>The Collaboration Toolkit for Community Organizations: Effective Strategies to Partner with Law Enforcement</u>	Not Specified / Adaptable to ID	Step by step guide for strengthening partnerships between law enforcement and community organizations Provides organizational breakdown of different law enforcement departments you may interact with

Engaging Stakeholders From Diverse Races, Ethnicities, And Geographies

Like the differences in experiences with risk and protective factors, the risk of involvement in impaired driving varies significantly across racial and ethnic groups, and **research consistently shows** that rates of fatal motor-vehicle crashes are higher in rural than in urban areas. To engage these important stakeholder groups, outreach and programming must be respectful and responsive to their cultural and linguistic needs. There are large variations in languages and cultures within racial and ethnic groups, so making generalizations regarding their engagement should be avoided. Rather, consider those from diverse demographic identities as their own autonomous stakeholder group and start engaging in an open learning process with them about their perspectives, strengths, and needs.

A **special report** from the National Highway Traffic Safety Administration provides a summary of overarching guidelines from multiple studies on the role of race, ethnicity, and geography in ID prevention and stakeholder engagement:

Consider the undocumented legal status of individuals and groups.

Connect with established community groups of diverse populations, such as social clubs and churches.

Find appropriate vehicles for sending and receiving information among diverse groups.

Consider emphasizing the role of parents, family, and elders.

Messages regarding drinking or prevention should be clear, consistent, and free of exclusive jargon.

Be knowledgeable about specific drinking patterns and traditional types of drinks.

Recognize engagement strategies constraints like work or family schedules.



NEEDS OF RURAL COMMUNITIES



Traditional ID prevention strategies have a hard time reaching our communities, and often it is tough to maintain opportunities for youth that are alternatives to drinking. Even when strategies for prevention are available, we have limited transportation options to access them, including ride sharing programs like Uber. Further, people in rural areas like ours are more self-reliant and independent, and that facilitates people relying on themselves to get home after drinking.

Rural communities have strengths, too. There is a sense of community and reliability among people. We have strong community bonds, so when there is momentum around ID prevention efforts, we are confident we can get people on board with them. Some of the best ways to reach rural communities are through flyers and Facebook.



STEERING COMMITTEE VOICES

Engaging Youth As A Stakeholder

Youth as a group are also an important stakeholder when it comes to ID. They are **affected by ID differently than adults**, and in the fundamentals of prevention, youth are often the primary recipients of interventions. Positive Youth Development (PYD) programs, or programs that incorporate PYD elements, set youth up with networks of supportive adults and opportunities. These programs aim to develop and enhance positive characteristics of youth, like protective factors. For more info on PYD, see the **Additional Considerations** section of this toolkit.

Youth have insights that adults do not have regarding ID within their communities:



They have direct experience in understanding

the prevalence of substance use among their peers and may have ideas on the reasons why they or their peers drive impaired.



They have knowledge of where and how substances are accessed in communities.



They can provide excellent feedback on what prevention interventions work with youth, or why some fail.



Youth know how to talk to other youth, and how to create well-received prevention messaging.

Engaging Youth Using Positive Youth Development

FROM

Youth as problems

Youth as tokens

Focus on individual behavior change

Adults as guides

TO

Youth as assets or agents of change

Youth as community partners

Focus on community change

Adults and partners



In addition to the stakeholder engagement resources shown in the prior pages, the Substance Abuse and Mental Health Services Administration (SAMHSA) provides **tips** for engaging youth and young adults when it comes to substance use issues:



Coordinate efforts with local schools and youth-serving organizations to recruit youth members and engage diverse groups in your efforts. Propose ways to offer credit for service-learning, volunteering, or classwork for young people.



Hold meetings at places that are convenient for students, and at times that fit their academic schedules.



Consider social media as an essential tool for engaging youth. Work with youth to identify what platforms will resonate best with them and their peers.



As a part of your prevention initiatives, offer training, resources, and guidance in developing skills important to youth, such as how to produce a video or develop an effective presentation regarding ID prevention.



Give the same consideration and respect to their suggestions and requests as you would to those from adults.



ENGAGING YOUTH



Don't do anything for youth without youth present—hire youth advisors in steering committees and messaging campaigns, and go to youth groups and recruit participants. When thinking about Positive Youth Development, we want to compensate youth for their time for engaging in work they may or may not directly benefit from. Offering monetary incentives is ideal, and community service hours work too. Giving them a reference they can use for their resume, C.V. or job can also be vital currency for youth. The logistics around involving youth are important to consider. Give youth the resources/skills they need to be able to comfortably participate and contribute and work with adults, so they do not feel undermined.



STEERING COMMITTEE VOICES

Engaging Law Enforcement As A Stakeholder

Law enforcement officers, officials, and agencies are a central stakeholder when it comes to ID prevention. Officers are responsible for detecting impaired drivers on the road and conducting pre and post-arrest investigations. Though their main role is enforcing laws and maintaining public order, law enforcement entities **share goals with prevention efforts**, such as increasing public health and safety, and delivery of evidence-based practices.

As a stakeholder for ID, law enforcement has tangible connections to other stakeholders invested in the issue, such as transportation, hospitals, and schools. Law enforcement agencies can bring considerable influence, as some high-ranking officers often sit on the boards of community organizations or work directly with public policy makers. Police departments have access to reliable data regarding ID, and often have early insight into new trends of behavioral health issues. The U.S. Department of Justice provides **suggested guidelines** for when community organizations collaborate with police agencies:



Partnerships between the police and the community are best when they are early and ongoing.



Community organizations and the police will not always agree on which specific problems deserve attention; work together by finding common ground and having a clearly defined shared vision.



Be flexible and respect the time constraints of law enforcement officials, who are often rushing to their next responsibility. Communicate collaboration ideas as concisely as possible.



Trust is key. Sufficient time must be allotted during planning processes to allow trust to develop. Be prepared to invest the time needed to build strong relationships.



Take time to understand the roles, culture, and norms of law enforcement. Seek to see things through their eyes and understand why they do what they do.



WORKING WITH LAW ENFORCEMENT



We have seen a shift in my community.

Youth initially did not want a law enforcement presence at impaired driving prevention events, but now youth are looking to have police included because they are more involved in the community.

We have a great partnership with our law enforcement partners. We have seen some agencies require official requests for ID-related data, and some that provide it more freely. Sometimes, law enforcement agencies often do not readily share data with other law enforcement agencies, which can make it more difficult to understand community needs or consequences regarding ID.



STEERING COMMITTEE VOICES

A photograph of a hand reaching out to stop someone from drinking from a glass. The hand is in the foreground, palm facing the glass, which is partially filled with a frothy beverage. The background is blurred, showing a person in a white shirt. The entire image has a warm, orange-yellow tint.

PREVENTION INTERVENTIONS





Implementing interventions to prevent impaired driving is just one of many parts in the larger process of prevention.

The 5 Steps Most Commonly Followed in the Prevention of Substance Use, Mental Health, or Behavioral Health Disorders:*



The SPF is largely considered a central resource for effective data-driven planning in the field of prevention. The next page provides closer looks into some of the key steps of the SPF, followed by a collection of prevention interventions to consider that are effective at preventing ID.

Readiness To Engage In Prevention

Communities and populations have different levels of risk and protection when it comes to the problem of ID. According to the SPF and SAMHSA's Center for the Application of Prevention Technologies, assessing community readiness is a crucial step to effectively create change or implement successful prevention interventions. Strategies implemented in communities that are not ready may be more likely to fail. By assessing the readiness of the community to engage in prevention, capacity can be built to increase readiness, and strategies can be selected that fit where the community is at, and ultimately lead to community buy-in and change.

STEPS TO UNDERSTANDING COMMUNITY READINESS		
Step	Description	Important Considerations About Impaired Driving
1	Identify the Issue	<ul style="list-style-type: none"> What is the magnitude of ID in the community? What are the most relevant consequences to ID? What are important or unique local conditions to consider? What risk and/or protective factors should be considered?
2	Define your Community	<ul style="list-style-type: none"> What are the demographics of those who are most affected by ID, including their cultural and ethnic makeup? How is ID perceived among different sectors of the community? Who are other relevant ID stakeholders in the community and how ready are they to collaborate with you or each other?
3	Identify Resources	<ul style="list-style-type: none"> Resources can include people, community connections, supplies such as money and equipment, existing efforts to address ID, and technology or other specialized knowledge and skills Identify existing data sources
4	Collect Data	<ul style="list-style-type: none"> Speak one-on-one with local decision makers and public opinion leaders Conduct community and stakeholder surveys Perform an environmental scan
5	Identify and Assess the Level of Readiness	<ul style="list-style-type: none"> Make realistic decisions on which element of ID the community is prepared to address Identify resources your community may need but doesn't currently have Share readiness assessment findings with stakeholders
6	Develop or Select Strategies Based on the Readiness Level of the Community	<ul style="list-style-type: none"> Identify strategies that fit the current stage of community readiness Develop a clear plan for building capacity Plan to document or evaluate changes in community readiness

Below are existing tools that can be adapted to assess your community's readiness and capacity to engage in ID prevention. A community's level of readiness can change- tools like these should be used during strategic planning, and post-intervention implementation. While not designed to specifically address ID, the resources below can be adapted for ID prevention.

COMMUNITY READINESS ASSESSMENT TOOLS			
Source	Tool Name and Link	Behavioral Health Area	Details
Center for Community Health and Development at University of Kansas	<u>Community Tool Box: Section 9. Community Readiness</u>	Applicable to Multiple Issues, Including ID	<ul style="list-style-type: none"> Comprehensive web-based resource that situates community readiness assessment into larger prevention processes Provides concrete examples
Education Development Center	<u>Assessing Community Readiness</u>	Suicide Prevention	<ul style="list-style-type: none"> Provides step-by-step detailed instructions for conducting assessments, collecting data
Prevention Institute	<u>Community Prevention Readiness Self-Assessment Tool</u>	Not Specified / Adaptable to ID	<ul style="list-style-type: none"> Brief assessment tool to assess organization's readiness Focused on environmental strategies
Robert Goodman and Abraham Wandersman at the University of South Carolina	<u>Community Key Leader Survey</u>	Intimate Partner and Sexual Violence	<ul style="list-style-type: none"> Specifically assesses readiness of key leaders in communities or organizations
Regional Prevention Coordinators/ Minnesota Department of Human Services	<u>Assessing Community Needs and Readiness: Toolkit for Working With Communities on ATOD Prevention</u>	Substance Use Prevention	<ul style="list-style-type: none"> Resource for professionals who aid coalitions in conducting assessments Offers strategies to consider using when working with communities and coalitions
TriEthnic Center at Colorado State University	<u>Community Readiness for Community Change</u>	Not Specified / Adaptable to ID	<ul style="list-style-type: none"> Complete handbook of readiness assessment activities Follows the Community Readiness Model



ASSESSING COMMUNITY NEEDS



In the past we have used proxy data, anecdotal information via our coalitions, interviews and surveys including the Healthy Kids Colorado Survey for assessing community needs. We keep in mind that sometimes the community needs help in understanding what it needs.

We need to connect consequences of ID to prevention of ID, by attempting to understand the connections and patterns between risk and protective factor and consequence data. Sometimes it is difficult, but we remember that this issue does not exist in a vacuum.

Rural data are difficult to obtain because often the data are suppressed to protect privacy when there are few responses.



STEERING COMMITTEE VOICES

Selecting Strategies

People or organizations often select prevention programs or strategies that are familiar, those that worked well in a different community, or those which have “always been around” in the community or recent memory. Administrative elements such as the desire to continue to receive funding can increase the pressure to renew strategies that may or may not work.

What is more important to consider is that the program or practice:

1

Effectively Addresses Impaired Driving

Prevention professionals should assess the goal(s) of an intervention by inspecting its implementation manual, or theoretical foundation to ensure it seeks to reduce the prevalence of ID, or affect the risk and/or protective factors associated with ID.

2

Has An Evidence-Based, Promising, or Best Practice Foundation

The best places to find evidence-based programs are federal registries, peer-reviewed journals, systematic reviews, and toolkits like this one. Not all practitioners deal in the academic realm; there are resources to assist in **reviewing and identifying** high-quality, evidence-based research studies.

3

Is of Best-Fit

Practices should fit several key elements, such as: Risk level for ID of those involved, readiness of the community, the setting (urban, rural), and the goals of stakeholders. Ideally a good balance should seek to achieve two types of fit:

- **Conceptual Fit:** Indicates a program or strategy directly addresses one or more of the priority factors associated with ID and has been shown to produce positive outcomes for members of the focus population. *“Will this program or practice have an impact on at least one of the community’s priority risk and protective factors?”*
- **Practical Fit:** Indicates a program or strategy is culturally relevant for the focus population, the community has the capacity to support it, and it enhances or reinforces other existing prevention activities. To determine a practical fit, ask, *“Is this program or practice appropriate for our community?”*



Similar to the Strategic Prevention Framework, SAMHSA provides a **resource** dedicated to selecting substance use prevention programs that are a best-fit for communities.



Implementing Strategies

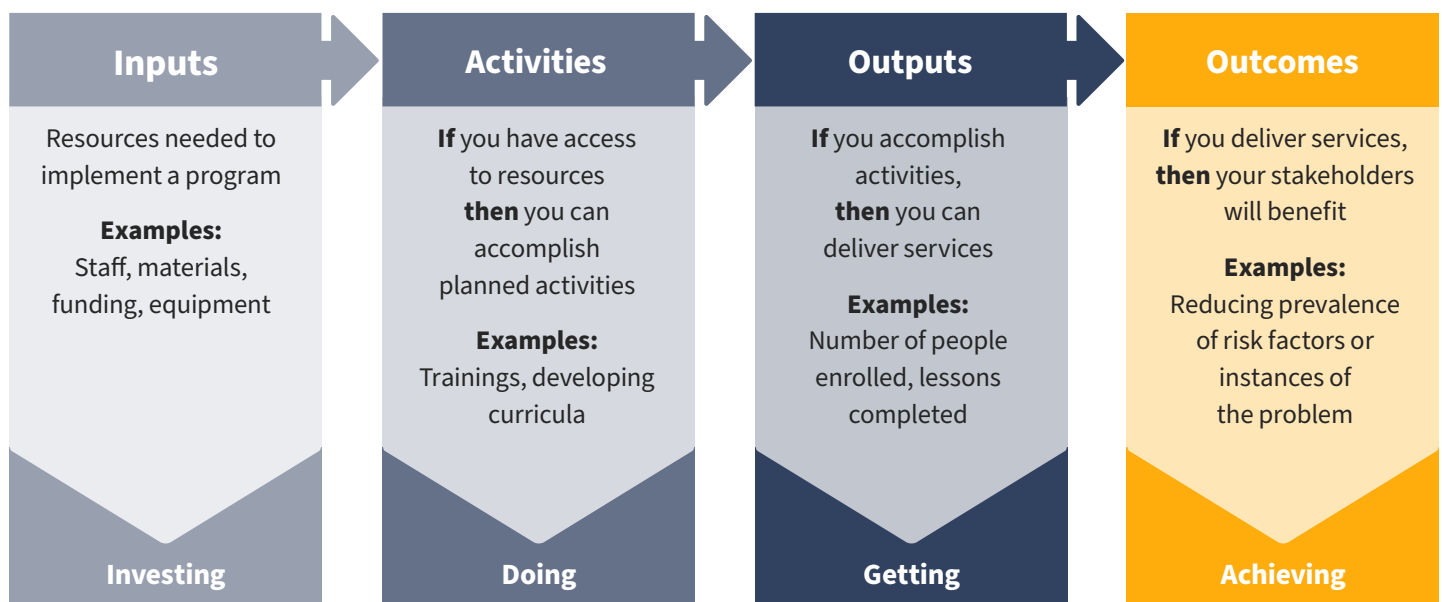
After sufficient assessment and planning, ID prevention strategies are ready to be put into practice. **Some factors to be considered that can influence implementation, and in the end affect success at reaching outcomes are:**

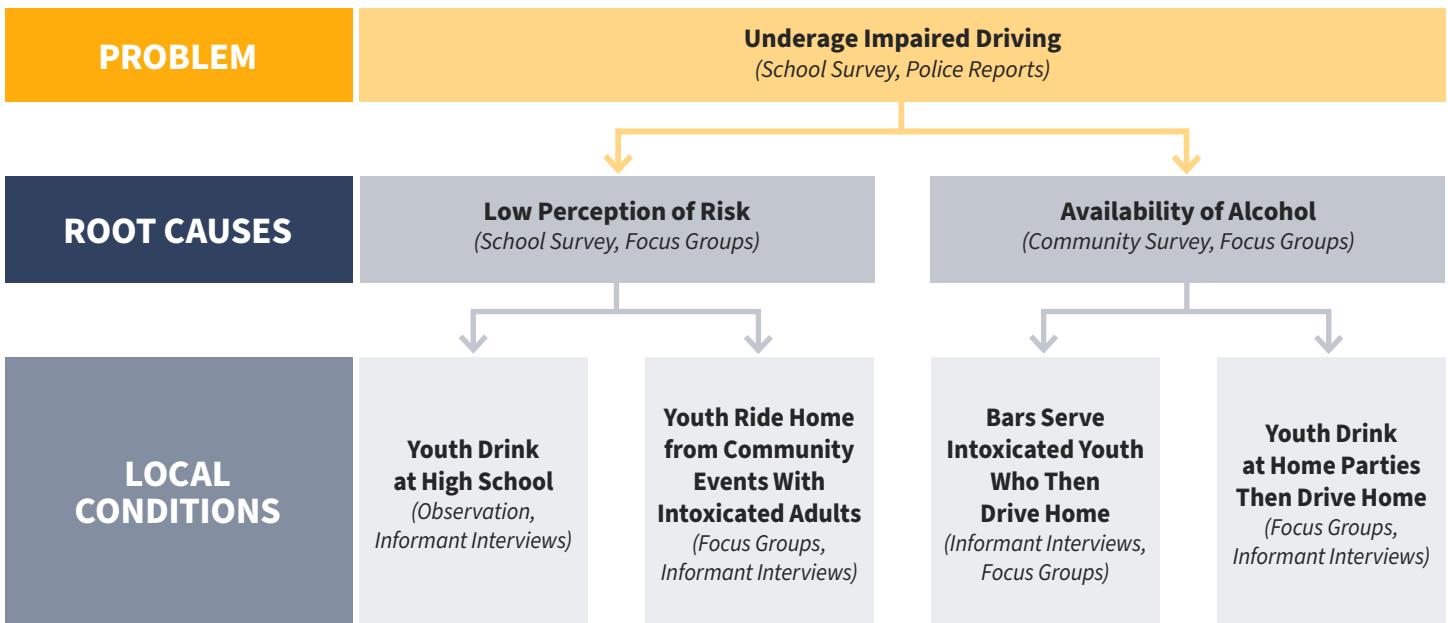
- **Favorable Prevention History:** An individual (or organization) who has had positive experiences implementing prevention programs or practices in the past is likely to be more willing and able to support the implementation of a new intervention. If an individual (or organization) has had a negative experience implementing a program or practice—or doesn’t fully understand its potential—make sure to address their concerns early in the implementation process.
- **Leadership and Administrative Support:** Prevention programs and practices assume many forms and are implemented in many different settings. However, to be effective, all of them require leadership and support from key stakeholders.
- **Provider Selection:** When selecting the best candidate to deliver a prevention program, consider professional qualifications and experiences, practical skills, as well as fit with the focus population. Ask, “*Who is prepared to implement the program effectively? With whom will program participants feel comfortable?*” Certain provider characteristics that extend beyond academic qualifications and experience factors are difficult to teach in training sessions, so must become part of the selection criteria.

Logic Models

To set prevention strategies up for success, taking the time to develop a logic model is a worthwhile process to facilitate planning and monitor the achievement of objectives. Logic models are visual “if-then statement” tools to document what resources exist, and what specific outcomes are desired as a result of completing prevention activities.

Logic models can take many different forms. The precise look and feel of logic models are less important than the purpose and utility they bring to planning and observation of prevention activities. In other words, there is no “right” format to use, as long as it is useful. The simplest form of a logic model displays the relationships between a strategy’s resources, activities, and intended effects.





Sample ID Logic Model from Community Anti-Drug Coalitions of America (CADCA)

Given all of the associated risk and protective factors, ins-and-outs of prevention planning, available data points, and stakeholder or community factors to consider, it may seem daunting when developing a logic model and you may feel you need to include everything. Rather, experts in the field of prevention recommend sticking to selecting data points and setting objectives that are measurable, reliable, and realistically achievable.

Below is a helpful framework that can assist with narrowing things down when setting goals:



The [*Pacific Institute for Research and Evaluation*](#) outlines broad examples for each area of a logic model for community prevention of underage drinking, such as short, intermediate and long term variables to consider. The CDC also has [guidance for setting goals](#) that can be applied to logic model development.

Making Changes

We all hope that in the end our prevention efforts work perfectly, but sometimes they do not. Using a logic model or other tools to monitor the way prevention strategies are going can hopefully serve to alert practitioners, planners, and stakeholders when interventions are not going as planned and when changes need to be made. There are two schools of thought on changing how interventions are delivered: fidelity and adaptation.

FIDELITY:

Fidelity is the extent to which the delivery of an intervention adheres to the protocol or program model as intended by the developers of the intervention. If a program is evidence-based, a lot of work goes into ensuring it will provide quality outcomes. As implementers of the intervention, striving to maintain fidelity can be a way to ensure that quality is realized. Fidelity is measured in several ways:

Adherence:

The extent to which program components are delivered as prescribed by the original model outlined by program developers.

Exposure:

The “amount” of a program that is delivered. For example, the number of sessions, attendance, frequency, and/or duration of program sessions given to participants.

Quality:

The way a program is delivered. For example, the preparedness, enthusiasm, interaction style, and respectfulness of those who implement programs. Even if the content of a program matches exactly what was originally intended by developers, the delivery of the content can vary.

Responsiveness:

Participants’ reactions or engagement with a program. For example, participant responses, enthusiasm, and willingness to engage in discussion or activities.

ADAPTATION:

On the other hand, **adaptation** involves modifying program contents or modes of delivery to realize the same quality outcomes.

Some practical reasons why a program may need to be adapted:

- The program is too complex.
- Lack of training by those who implement the program, or turnover in staff, administration or leadership.
- There is a poor cultural or practical fit between the program and the intended participants.
- Limited resources, or limited organizational or community support.

BALANCE:

Some experts suggest that adaptation of programs is inevitable and vital to meet the needs of stakeholders, while others caution that too many adaptations may make it less effective than the original program. *Both have merit, and a balance should be made between the two to meet community needs.*

How can you tell if your program needs adaptation? **Fidelity monitoring**, sometimes referred to as a continual improvement plan, is a way to continually check on whether a program is being implemented according to its original design. On the other side of the coin, regularly seeking input from stakeholders and program participants can inform you of when changes are needed.

Making major adaptations that alter a program's core components runs the risk of compromising fidelity and impacting the program's intended outcomes. However, **minor adaptations** can allow for a program to be a better fit and facilitate outcomes.

To learn more about fidelity and adaptation, see Colorado State University's [Guidance for Fidelity and Adaptation of EBPs](#).

Major Adaptations	Minor Adaptations
<ul style="list-style-type: none"> Reducing the number or length of sessions or how long participants are involved Eliminating key messages or skills learned or removing topics altogether Changing the theoretical approach Using too few staff or volunteers, or those who are not adequately trained or qualified Adding new sessions or content that were not part of the original program Changing the order of the sessions or activities 	<ul style="list-style-type: none"> Updating examples to be more relevant for participants Customizing role-play activities Modifying language to make it more culturally appropriate Adding icebreakers and energizers to make the program's activities more interactive Extending the length of sessions to provide more time for group activities or improve participant understanding

Oftentimes, a goal of prevention practitioners is to affect the most amount of people as possible with interventions. A balance should be made between the selection of **universal, multi-component, one-size-fits-all** strategies versus **targeted, tailored, and adapted** programming. Both types of strategies are effective, and choosing between the two depends on the needs of the community.



Sustainability

Quality prevention takes time. Sustainability is the capacity of a community to produce and maintain positive prevention outcomes over time and should be a goal when implementing a prevention strategy. Sustainability can be achieved through reinforcement of the program's goals and mission, increasing capacity in local systems, changing knowledge and attitudes, improving services models, and implementing new policies that support program impact. The ability for strategies and outcomes to be sustained can be impacted by things like limits in funding or the shifting of priorities in communities. However, plans for sustainability can be made through selecting prevention initiatives that contribute to sustainability, strategic planning and collaboration. Sustainability is a guiding principle of the [Strategic Prevention Framework](#).



Prevention Interventions:

Prevention interventions can be selected that target community-level outcomes such as changing norms of large groups that are tolerant of ID or altering the environments that facilitate ID to happen. Additionally, there are prevention programs that are compatible with comprehensive community plans, or otherwise complement or can benefit from existing initiatives.



Implementation Planning:

When planning implementation, goals and outcomes can be identified that go beyond the implementation timeline of a single intervention while still being realistic. For example, when developing a logic model, outcomes can be set for **multiple years**, even if they indicate a time beyond initial funding limits.



Collaboration:

A great deal of sustainability efforts are realized through collaborations made between stakeholders and practitioners. Finding partners who have resources and investment to take ownership or shared responsibility of programs beyond their implementation timeline supports a communal approach to prevention. Documenting and sharing results of program successes and progress that resonate with funders and other stakeholders can invite them to be sustainability partners. Prevention programs can benefit from advocacy strategies to promote their use and gain buy-in. See the [Additional Considerations](#) section of this toolkit for information on advocacy.

What Works?

In the **Appendices Section** of this toolkit you will find the **results of a scan of the ID prevention environment** that shows the most common types of ID prevention interventions that currently appear in Colorado, as well as gaps where prevention efforts can be improved.

The table on the following pages presents those strategies that have been found by scientific investigations to have moderate to robust evidence for effectiveness for preventing or reducing ID through format. The **National Highway Traffic Safety Administration and Centers for Disease Control and Prevention** produce periodic reports on the status of intervention effectiveness with more details on effectiveness studies.

ID arises from complex and multiple and interrelated causes, which may contribute to there being relatively few programs that concentrate on preventing ID specifically, compared to those that seek to more generally reduce substance use.

Strategies that are likely to require state administration bodies to enact, or are regulated by national laws (for example raising taxes on alcohol, minimum age drinking laws) are omitted from the list below to better focus the review for this toolkit's audience.



YOUTH IMPAIRED DRIVING PREVENTION STRATEGIES THAT WORK

Type of Intervention	Description	Best Practice Considerations	Example Programs, Campaigns or Resources
Alcohol Screening and Brief Intervention	Alcohol screening uses a few questions to estimate the level and severity of alcohol use and to determine whether a person may be at risk of substance use or dependence. Brief interventions are short, one-time encounters that focus on awareness of the problem and motivation toward behavior change.	<ul style="list-style-type: none"> Though typically used in primary or emergency care settings, alcohol screening and brief interventions are also used in colleges and social service settings. Brief interventions have also been used to reduce ID among young adults and adolescents. 	<ul style="list-style-type: none"> BASICS program summary Screening and Brief Interventions Guide for Youth from the National Institute on Alcohol Abuse and Alcoholism Procedure Guide from the American College of Emergency Physicians Screening and Brief Intervention Toolkit for College and University Campuses
Alcohol Vendor Compliance Checks	Law enforcement officers and partner agencies conduct compliance check “stings,” where they observe when underage people attempt to buy alcohol and cite the server or vendor for a violation if a sale is made.	<ul style="list-style-type: none"> Vendors can include on-premises retailers (bars and restaurants) or off-premise outlets (convenience stores or liquor stores). Online sales of alcohol are not well regulated, and vendors’ age verification practices may not be stringent. Effective programs work primarily through deterrence by increasing perception among vendors that they will be caught if they sell alcohol to underage people. Compliance checks should be conducted frequently and on an unscheduled basis. Vendors should know compliance checks are taking place but should not know exactly when. All vendors should be checked, not just a sample in the community. Checks should be well-publicized among vendors and the community at large. The effects of compliance checks decay over a few months, so an ongoing program is needed to maintain deterrence. 	<ul style="list-style-type: none"> Alcohol Epidemiology Program’s Alcohol Compliance Checks: A Procedures Manual for Enforcing Alcohol Age-of-Sale Laws Example Responsible Vendor Program Guidelines Colorado’s Compliance Check Website
Alternative Transportation	Methods people can use to get to and from places where they drink without having to drive. These supplement normal public transportation provided by subways, buses, and other means.	<ul style="list-style-type: none"> For-profit safe rides include transportation network companies, like Uber and Lyft that are on-demand and accessed through a mobile application. Nonprofit safe rides are free or charge minimal fees and often operate in specific regions or at specific times when impaired crashes occur at higher rates. Ride services transport drinkers home from, and sometimes to and between, drinking establishments. Some services drive the drinker’s car home along with the drinker. Ride service programs are relatively inexpensive and easy for communities to implement. Programs generally do not lead to increased alcohol consumption, and they attract people at higher risk of driving impaired. Restaurants and drinking establishments, as well as the alcohol industry, usually support safe ride programs. Ideal alternative transportation programs aim to be consistently available, reliable, accessible, and easy to use, and free. 	<ul style="list-style-type: none"> Tipsy Taxi is a free, year-round service available all day in Pitkin County and Aspen, Colorado. Road Crew is based on a social marketing model and was originally aimed at young, primarily blue-collar men ages 21 to 34 years.

Citizen-Activist Organizations or Social Movements	Organized, grass roots groups or initiatives that advocate for prevention causes and generate capacity in organizations to implement initiatives.	<ul style="list-style-type: none"> A core element to the success of organizations or movements is galvanizing local leaders in addressing ID. These strategies include victim services and resources involving alcohol safety. For an organization or movement to lift up the cause of alcohol-impaired driving as a social issue, it will likely need to be able to capture media attention and well-aimed seed funding. 	<ul style="list-style-type: none"> <u>Mothers Against Drunk Driving (MAAD)</u> <u>Foundation for Advancing Alcohol Responsibility (Responsibility.org)</u>
Comprehensive Community Programs	While some ID prevention interventions are effective on their own, those most effective are part of a comprehensive plan that includes multiple interventions.	<ul style="list-style-type: none"> Part of such comprehensive plans is bringing together several areas of the community, such as schools, health, and law enforcement, with alcohol sellers, parents, and youth. Comprehensive programs can be costly, but these costs depend on the activities included. Fiscal savings can be generated through the prevention of costs related to ID-related individual health and community expenses. Costs can also be shared when interventions pair with other community-based initiatives, or methods of delivery. Successful comprehensive programs often require advocacy efforts. 	<ul style="list-style-type: none"> <u>Oregon's Reducing Youth Access to Alcohol program</u> <u>NHTSA Report on Comprehensive Programming</u>
Peer-to-Peer Education	Peers ("educators") teach their other peers ("learners") about aspects of health.	<ul style="list-style-type: none"> Adolescents may prefer to seek help for health-related concerns from their peers rather than adults or professionals. These programs when implemented in schools may foster appropriate attitudes and behaviors at important times, before the formation of driving behaviors and drinking behaviors. Information to change attitudes should be accurate and non-threatening attempts to change attitudes. While many programs are effective, the effects often tend to dissipate with time. 	<ul style="list-style-type: none"> <u>Teens in the Driver Seat</u> <u>Students Against Destructive Decisions (SADD)</u>
Media Campaigns	Campaign consists of focused communication and outreach regarding ID that use radio, television, print, social, and other mass media, both paid and/or earned.	<ul style="list-style-type: none"> Effective campaigns identify a specific target audience and communication goals and develop messages and delivery methods that are appropriate for the audience and effective at meeting the goals. In general, mass media outreach works best as part of a multifaceted campaign that includes high visibility enforcement. High-quality and effective mass media campaigns can be expensive. Funds are needed for market research, design, pre-testing, and production. Mass media campaigns are a standard part of every State's effort to reduce alcohol-impaired driving. 	<ul style="list-style-type: none"> <u>Drive Sober or Get Pulled Over</u> <u>More Cops More Stops</u> <u>Parents Who Host Lose the Most</u> <u>Red Ribbon Week</u>
Responsible Beverage Service	Preventing or discouraging restaurant/bar patrons from drinking to excess or from driving impaired. It includes server training programs and management policies.	<ul style="list-style-type: none"> Strategy is widely used. Effective programs involve intensive, high-quality, face-to-face server training accompanied by strong and active management support 	<ul style="list-style-type: none"> <u>Approved Responsible Vendor Trainings In Colorado</u> <u>TenderWise</u> (Cannabis responsible retailer program)

Social Host Liability	Under social host laws, an adult who hosts an underage drinking party (specific laws), or who allow underage drinking to occur on that person's property (general laws), can be held accountable if a young person is subsequently involved in a crash.	<ul style="list-style-type: none"> This liability can discourage adults (parents, older siblings, and friends) from purchasing alcohol for underage people or hosting underage parties. Social host laws, and their accompanying penalties, vary from State to State. As of January 2022, Colorado does not have specific policy on social hosts being liable Social host liability policies and actions should be culturally appropriate and recognize differences in traditional substance consumption patterns across cultural practices and social identities. 	<ul style="list-style-type: none"> <u>Alcohol Policy Information System Tracks State's Policy On Social Host Liability</u> <u>Policy Summary of States' Use of Social Host Liability</u>
Social Norms Campaigns	Social norms marketing campaigns are built on the premise that a person's behavior is influenced by perceptions of how most people behave, and often perceptions are inaccurate. Misperceptions are "corrected" typically through media messages, and individual behaviors then change.	<ul style="list-style-type: none"> Most states have begun using social networking sites to reach the public with norm-corrective messages about alcohol-impaired driving. Similar to mass media campaigns, social media is unlikely to be as effective as a stand-alone strategy with social norms campaigns; however, it may be useful combined with other communications to support specific impaired-driving activities. Great care must be taken that norm-corrective messages do not inspire those who abstain to match a real, greater norm of substance use. 	<ul style="list-style-type: none"> <u>Buzzed Driving is Drunk Driving</u> <u>Montana's Most of Us Don't Drink & Drive Campaign</u>


Considering Positive Youth Development Elements in Prevention Interventions

Research studies have found effective elements for ID strategies with youth (for specific Positive Youth Development framework elements, see [Maintaining PYD](#) further in the toolkit).

Building Social and Personal Skills

- Interventions should build the social and personal skills of young people to enhance individual capacities, influence attitudes, and promote behavior inconsistent with ID-related behaviors.

Citing Immediate Consequences of Undesired Behaviors

- Youth tend to be more concerned about social acceptance and the immediate rather than the long-term effects of particular behaviors or choices. 

Communicate Positive Peer Norms

- Friends and peers quickly become the main socializing element in youth who are developing. Events and activities that communicate peer norms against the use of alcohol and other drugs act as communal statements for their growing peer groups.

Involve Youth with Peer-led Components

- Activities that are peer-led, or that include peer-led components, are more effective than adult-led approaches.

Use Interactive Approaches

- Approaches like cooperative learning, behavioral rehearsal and group exercises give students opportunities to practice newly acquired skills and help to meaningfully engage them in prevention education programs.
- However, there are certain [caveats to consider](#) around interactions like role-playing, as seen in the next section of the toolkit.

What Doesn't Work?

Part of what necessitated the field of prevention science was the recognition that some existing prevention programs were not working to achieve their desired outcomes. Many common prevention programs and strategies being used by well-meaning practitioners, schools and communities have been shown by careful research to be ineffective, or in some cases to unintentionally cause harm reinforcing or promoting unhealthy attitudes, behaviors and norms. Youth and young adults in their developmental stages have different priorities and thinking than the adults who design prevention programs. The Washington State Health Care Authority has outlined some of these outdated or potentially harmful strategies specifically around ID, substance use and targeting youth as participants.



WHAT NOT TO DO



We see a lot of “old school” prevention strategies employed that people have grown up with, especially when working with schools. These strategies become yearly traditions because they are part of a larger programming schedule. If you take away these strategies, they need to be replaced with something. Successful conversations about effectiveness start with questioning what the goal is with these interventions. Share research and evidence without making people feel ashamed or undermined. Be careful the setting in which you approach administrators. Broaching things side-by-side with new possibly opportunities is a way to maintain a positive relationship with partners. Leverage Positive Youth Development by collecting input from youth. Student voices go a long way for policy advocacy to those who ultimately make decisions.



STEERING COMMITTEE VOICES

YOUTH IMPAIRED DRIVING PREVENTION STRATEGIES TO BE AVOIDED

Strategy Type	Description	Reasons for Ineffectiveness
Exaggerated Social Norms	Sensationalized information about high rates of ID or substance use.	Even if these messages are true, they can have a boomerang effect by normalizing perceptions that all peers use substances or drive impaired.
Fear Appeals	Intense, grotesque images or messaging around the consequences of ID.	Youth tend to disbelieve these messages and discredit the messengers. Fear appeals may also cause an audience to simply tune out, or encourage participants to do the opposite of the intended behavior because they like taking risks.
Grouping At-Risk Youth Together	Delivering prevention interventions exclusively to early adolescent youth who are at high-risk for ID.	Though targeting the most vulnerable for risk factors associated with prevention efforts is part of prevention processes, it should be done carefully and equitably. Inexperienced at-risk youth learn from their more experienced peers which can inadvertently reinforce problem behaviors.
Mock Car Crashes	Events where practitioners show a shocking, detailed reenactment of a fatal car crash scene complete with emergency responders and law enforcement engaging in role play.	These types of programs are not associated with the adoption of positive behaviors, create psychological trauma for participants (especially for those who have experienced a real car crash) and similar to fear appeals may actually induce risky behavior.
Moralistic Appeals	Morality appeals frame substance use or unhealthy behaviors as “evil” or “stupid.” Programs using morality appeals typically offer education messages that focus on building responsible decision making, personal growth and “doing the right thing,” but without building tangible skills to resist substance use.	As youth grow in experience and age, they begin to develop their own set of core values that may be different than their families and institutions of origin. The use of moralistic appeals has been found to undermine young people’s autonomy to find their own paths to adulthood and may compromise their healthy choices.
Personal Testimonies	Presentations in-person or online featuring testimonials from individuals who have histories with ID behaviors or substance use.	May reinforce a negative norm for youth that “everyone uses drugs” at some point in their lives. While these strategies may be important for recovery settings, they are not recommended for universal prevention efforts.
Simulations of Impairment	Events where volunteers wear goggles with blurred lenses that cause a loss of balance and then perform field sobriety tests or drive golf carts or go-karts.	These strategies have been found to be ineffective when it comes to behavior change and may also inspire youth to attempt to master driving impaired.

Evaluation

Evaluation is an important part of understanding if prevention programs, strategies or initiatives are working as designed, need to be changed in some way, and are meeting their goals. There are two fundamental types of evaluations to consider, depending on the stage of program implementation you are in and the information you are seeking: formative/process and summative/outcome. Both types of evaluation are important, as one helps inform another to tell the whole story of why a program is successful or not. Keep in mind that some specific prevention programs or initiatives you decide to implement may have their own specific evaluation processes.

TYPES OF EVALUATION		
	Description	Reasons for Conducting
Formative / Process Evaluation	This type of evaluation describes who received the services, what services they received, and how much and what type of services were provided.	<ul style="list-style-type: none"> • To monitor and describe whether and how program activities are being implemented as they were intended. • To demonstrate the ability to provide the services that were funded. • To identify any barriers encountered and possible changes to the original service delivery model. • To answer questions about why a program's intended outcomes were achieved or not achieved.
Summative / Outcome	This type of evaluation measures whether desirable outcomes increased, or undesirable outcomes decreased as a result of the prevention program.	<ul style="list-style-type: none"> • To measure the impact the program had in the community. • To communicate to stakeholders the effectiveness of your efforts. • To determine the sustainability of the program for future implementation.

There are many ways to evaluate whether the ID program you select and implement is working effectively. A good place to start for ID-specific evaluation strategies is [The National Highway and Traffic Safety Administration's Art of Appropriate Evaluation: A Guide for Highway Safety Program Managers](#). The tools in the table below provide a closer look into areas of evaluation from other areas of behavioral health, including tips and guides for specific evaluation activities, and a few other comprehensive start-to-finish evaluation guides.

EVALUATION AND DATA COLLECTION TOOLS

Source	Tool Name and Link	Behavioral Health Area	Details
CDC— National Center for Chronic Disease Prevention and Health Promotion	<u>Developing an Effective Evaluation Plan</u>	Obesity Prevention	<ul style="list-style-type: none"> Comprehensive guide Offers guidance and facilitates capacity building on a wide range of evaluation topics Includes exercises, worksheets, and tools for those implementing public health initiatives
James Bell Associates	<u>Evaluation Brief: Conducting a Process Evaluation</u>	Not Specified / Adaptable to ID	<ul style="list-style-type: none"> Similar to the resource below, but more compact
James Bell Associates	<u>Formative Evaluation Toolkit</u>	Not Specified / Adaptable to ID	<ul style="list-style-type: none"> Comprehensive guide Focused on formative or process evaluation of short-term outcomes
Mathematica	<u>PREP Performance Measures: Survey Administration Guidelines</u>	Not Specified / Adaptable to ID	<ul style="list-style-type: none"> Summarizes how to administer a hard copy, in-person survey to youth. Navigates various challenges regarding collecting youth data
SAMHSA	<u>Steps for Conducting Research and Evaluation in Native Communities</u>	Not Specified / Adaptable to ID	<ul style="list-style-type: none"> Outlines steps for evaluators to ensure that research on programs conducted in tribal communities is effective, respectful, and culturally competent
U.S. Department of Health and Human Services Administration for Children and Families	<u>The Program Manager's Guide to Evaluation</u>	Not Specified / Adaptable to ID	<ul style="list-style-type: none"> Comprehensive guide Includes guidance on effectively customizing the steps in evaluation to fit a program
U.S. Department of Health and Human Services Office of the Assistant Secretary for Health	<u>Conducting Evaluation Activities in a Virtual Environment</u>	Not Specified / Adaptable to ID	<ul style="list-style-type: none"> Considerations about obtaining consent and assent, monitoring program delivery and assessing quality of implementation, conducting virtual focus groups, and collecting survey data virtually Has implications for connecting with youth virtually
U.S. Department of Health and Human Services Office of Population Affairs	<u>Interviewing Tip Sheet</u>	Not Specified / Adaptable to ID	<ul style="list-style-type: none"> Quick guide for conducting interviews related to program evaluation Frequently asked questions and tips
U.S. Department of Health and Human Services Office of Population Affairs	<u>Observation Tip Sheet</u>	Not Specified / Adaptable to ID	<ul style="list-style-type: none"> Quick guide for conducting in-person observations related to program evaluation
Western Michigan University	<u>EvaluATE</u>	Not Specified / Adaptable to ID	<ul style="list-style-type: none"> Comprehensive website with guides for collecting various evaluation-related data
W.K. Kellogg Foundation	<u>The Step-by-Step Guide to Evaluation</u>	Not Specified / Adaptable to ID	<ul style="list-style-type: none"> Comprehensive guide Intended for audiences with little to no exposure to evaluation or training

Evaluating Environmental Strategies

Individual prevention strategies focus on helping people develop knowledge, attitudes, and skills to avoid negative behaviors like ID. Environmental prevention strategies focus on **creating an environment where it is easier for people to avoid ID**, such as the rules and regulations of social institutions, media messages, and accessibility of substances. Specific examples of environmental change strategies that target ID include:

- Retail compliance checks
- Social hosting laws
- Sobriety or traffic safety checkpoints
- Restricting alcohol availability at events
- Regulating or restricting alcohol or other drug advertising

Evaluating the success of environmental prevention strategies requires a shift in thinking from the *individual* as what is measured to the *population*. For example, when evaluating the effects of checkpoints on rates of ID, the unit of analysis would be the population of drivers passing the checkpoints, not individual drivers. But assessing population-level change isn't always easy.

Below are some common challenges and solutions to evaluating environmental prevention strategies:

Challenges	Solutions
<p>Measuring participation. When evaluating individual-level programs, evaluators often take attendance to measure participation or estimate completion rates of individual participants. But measuring participation in an environmental strategy is less straightforward.</p>	<ul style="list-style-type: none"> • Consider documenting processes in ways that more readily describe how the intervention is, or is not, working. • Appropriate methods might include interviews, documentaries, PhotoVoice or other participatory action research. These methods capture a unique story, but at the community level or greater.
<p>Measuring fidelity. Individual-level programs often come with a list of key components or core elements, however it is less clear with environmental strategies which elements of the strategy must be maintained in order for the strategy to achieve its expected outcomes. Additionally, all communities are different so it's impossible to expect that any environmental strategy could be implemented in the same way across multiple communities.</p>	<ul style="list-style-type: none"> • Consult research about the program to see who has implemented it before and where it's been done successfully. • Focus on what elements worked the best among community members (such as language used, or stakeholders worked with). • Then, from among these successful communities, select the one that is most similar to your own and use it as a model.
<p>Collecting data. Collecting Data from individuals has its challenges; from an entire population can seem overwhelming or impossible. Also, gathering data on hard-to-reach population groups, such as specific age groups in certain settings is particularly difficult.</p>	<ul style="list-style-type: none"> • Look for existing data sources that describe behaviors of interest for your population group and those that may capture changes in these behaviors. • <u>Common sources</u> for population-level ID data are listed in the appendix.



ADDITIONAL CONSIDERATIONS



Addressing Impaired Driving Holistically

Health equity requires us to address risk and protective factors through a “whole person” lens and address health disparities in underserved populations. Individuals do not exist in a vacuum, nor do the risk and protective factors and consequences of ID. They are influenced by the surrounding environment, which according to the **socio-ecological model**, consists of various levels. Both positive and negative experiences in each level operate within and are influenced by the next level.

Prevention Interventions for Impaired Driving

Individual

Age

Education

Health

Beliefs

Relationship

Family

Peers

Teachers

Community

School

Work

Neighborhood

Society

Culture

Policies

Laws



BEING HOLISTIC IN IMPAIRED DRIVING PREVENTION



Youth have a lot going on in their developing lives, and prevention efforts should be introduced in positive ways that don't burden them. Strategies should be a natural response to need.

The presence of ID in a young adult's life or community can be like a “screening tool” to understand other elements of need. ID can be indicator of issues around physical health, mental health, developmental or social challenges, problems at school, or other vital elements in the life of youth.



STEERING COMMITTEE VOICES

Maintaining Positive Youth Development (PYD)

Positive Youth Development is not a program, but instead a framework that can be applied when programs are implemented. **Youth are more likely to show up to and be engaged in programming that applies the PYD framework.** PYD emphasizes bolstering protective factors more than it does reducing risk factors directly.



Applying and maintaining PYD principles in prevention programming can require minor adaptations be made to evidence-based practices. PYD can represent a cultural shift with how practitioners interact with participants or add end goals related to youth development that were not a part of the original programming. So, the principle of balancing fidelity and adaptation should be considered. See the section on **Fidelity and Adaptation** in this toolkit.

POSITIVE YOUTH DEVELOPMENT FRAMEWORK RESOURCES			
Source	Resource Name and Link	Behavioral Health Area	Details
American Institutes for Research	Youth Development Checklist	Not Specified / Adaptable to ID	<ul style="list-style-type: none"> Brief checklist
Colorado Department of Public Health and the Environment	Positive Youth Development Tool Box	Not Specified / Applicable to ID	<ul style="list-style-type: none"> Interactive website Outlines important considerations for applying PYD elements
Office of Adolescent Health	A Checklist for Putting Positive Youth Development Characteristics into Action in Teen Pregnancy Prevention Program	Teen Pregnancy Prevention	<ul style="list-style-type: none"> Comprehensive checklist Focused on elements of program design
Out of School Time Professional Development Center	Promoting Positive Youth Development Mini-Guide	Not Specified / Adaptable to ID	<ul style="list-style-type: none"> A good guide to start with to understand PYD's role in programming Identifies challenges to overcome when applying PYD
United State Agency for International Development (USAID)	Positive Youth Development Measurement Toolkit	Not Specified / Adaptable to ID	<ul style="list-style-type: none"> Comprehensive guide Contains multiple considerations based on youth's stage of development, as well as race, ethnicity, and culture



Rural Needs

Rural or otherwise remote communities face different risk factors for ID and challenges to implementing prevention than urban areas. Each rural community has its unique characteristics.

- There are different attitudes and behaviors that influence the perceived acceptability of impaired driving.
- Alternative transportation options, such as transit and ride-sharing apps are often not available.
- Rural and remote locations face challenges related to personnel for enforcement, resources for educational efforts, staff support for prevention programs or initiatives, and available data.
- Some rural administrative sanctions related to impaired driving.

Rural communities also have strengths and protective factors that should be recognized and leveraged when considering implementing prevention strategies. The strengths below are especially important because prevention and other health promotion programs often rely on community strengths, or building community capacity as part of their intended outcomes.

Examples of Rural Strengths Include:



Strong social networks, connections and supportive communities including appreciation for relationships within families and between neighbors.



Centralized communication channels that spread common shared values and collective interest in improving community health




Smaller scale and scope of programs, which may accelerate opportunity.



Willingness, confidence, and a sense of ingenuity to confront shared challenges.

See the section on Engaging Stakeholders from Diverse Races, Ethnicities, and Geographies section in this toolkit.

GUIDELINES FOR IMPLEMENTING PREVENTION IN RURAL COMMUNITIES	
Guideline	Rationale
Establish authentic, trusting relationships with community members.	During the initial stages of program implementation, being known, especially by key members in the community, may be a critical factor in determining the long-term buy-in of the prevention program.
Recognize and be responsive to local issues and local systems of organization.	Facilitate the successful recruitment and involvement of local families and school personnel.
Attend to local culture when developing recruitment procedures, choosing the language of intervention materials, and when selecting specific topics in program curricula.	Although evidence-based research is the best basis for the selection of program goals and the identification of intervention strategies for ID.
Partner with or seek advice from faith-based organizations in the community.	Faith-based organizations have a vested interest in their communities and established access to congregation and community members. They often assist members with their health needs, focus on youth development, and serve as leaders for positive community change.
Partner with schools and get to know school administration and leadership.	The population in rural areas is often dispersed over large areas and schools often serve as community hubs of information. School administrators are likely to have experience with prevention or other programming as state-wide initiatives typically target them as points of delivery.
Understand and leverage existing social networks, respectfully.	Residents of rural communities tend to have broader social networks than those in urban areas. It is likely that everyone knows at least one person who is affected by ID in a rural community.
	Consider disseminating information in rural community hubs like gas stations, libraries, post offices, and cafes or diners.
Switch to online, mobile, or social media	Online programming and outreach is a boon for rural communities, as residents tend to live far from or have challenges with transportation.
Validate existing efforts and have patience	Existing practitioners in rural areas who have built and followed traditions around past initiatives may not immediately buy in to new approaches.

Advocacy Support

Preventing ID requires a community-wide response and sense of responsibility. This does not come automatically. It is natural for decision makers and stakeholders to continue to employ interventions they have always done and be skeptical of new initiatives. Prevention strategists need help if they are to get interventions off the ground and continue to be sustained. Advocacy and community action are essential for making the case to leadership, stakeholders and the community to buy-in to the adoption of prevention programs.

Advocacy planning can help get others on board with your prevention initiatives. It can also help to clarify your goals for implementing a program and the steps needed to facilitate those goals.

POLICY ADVOCACY PLANNING RESOURCES

Source	Resource Name and Link	Behavioral Health Area	Details
Community Anti-Drug Coalitions of America	<u>Advocacy Toolkit CADCA's Guide to Educating Legislators</u>	Substance Use Prevention	<ul style="list-style-type: none"> Designed for working with legislators
Center for Community Health and Development at University of Kansas	<u>Community Toolbox: Section 7. Developing a Plan for Advocacy</u> <u>Community Toolbox: Section 19: Using Social Media for Digital Advocacy</u>	Not Specified / Adaptable to ID	<ul style="list-style-type: none"> Comprehensive web-based resource that situates advocacy into larger prevention processes Provides concrete examples Specifically focuses on maximizing social media platforms for prevention initiative advocacy
Prevention Action Alliance	<u>Resources for Prevention Advocacy</u>	Not Specified / Adaptable to ID	<ul style="list-style-type: none"> You can use these resources as they are to build your case for prevention and educate lawmakers and regulators.
Prevention Technology Transfer Center (PTTC)	<u>Alcohol and Cannabis Policy/Advocacy Resources</u>	Substance Use Prevention	<ul style="list-style-type: none"> You can use these resources as they are to build your case for prevention and educate lawmakers and regulators.
United States Agency for International Development (USAID)	<u>Designing an Advocacy Strategy</u>	Family Planning	<ul style="list-style-type: none"> Includes links to other advocacy-related toolkits
World Health Organization (WHO)	<u>Knowledge into Action WHO Guide for Effective Programmes Policy and Advocacy</u>	Cancer Prevention	<ul style="list-style-type: none"> Comprehensive step-by-step guide on creating and implementing a policy and advocacy plan

Consulting an established logic model for programming can aid advocacy efforts by using the information in the model to answer questions related to common advocacy steps. Like with evaluation, advocacy planning activities can be built into a logic model in the form of short-term outcomes. See the section on **Logic Models** in this toolkit.

USING A LOGIC MODEL TO AID IN ADVOCACY PLANNING		
Step In An Advocacy Plan	Advocacy Questions	Logic Model Area or Data Point
Define the issue	What is the problem you are seeking to solve? What change do you hope to achieve?	<ul style="list-style-type: none"> Outcomes– Short-term, intermediate, or long-term
Set a clear advocacy goal and objectives for policy action	What policy decision(s) can address the issue?	<ul style="list-style-type: none"> Inputs– Available resources
	What is the timeframe?	<ul style="list-style-type: none"> Outputs– Activities Outcomes
	What other efforts are underway to affect change in impaired driving in the community?	<ul style="list-style-type: none"> Inputs– Available resources
Identify target audiences who can either make the necessary change or influence decision makers	Who are the decision makers and when and on what basis decisions are made?	<ul style="list-style-type: none"> Inputs– Stakeholders
Plan a set of activities and design communication materials using the most reliable, relevant and current information	What are the points of view of opponents?	<ul style="list-style-type: none"> Inputs– Stakeholders
	What is way best to communicate that will build bridges and identify common ground?	<ul style="list-style-type: none"> Outputs– Activities
Expand the base of support and raise resources to carry out planned activities	How will the dissemination of materials, travel to meet policy makers, communication through various channels, meetings and other activities be realized?	<ul style="list-style-type: none"> Inputs– Available resources Outputs– Activities

Media advocacy is the strategic use of the news media in support of community organizing to increase public and policy-maker awareness of public health problems. In particular, media advocacy in terms of public health seeks to reframe issues in terms of broader, upstream causes that are best addressed through collective action. Prevention practitioners can **harness media advocacy strategies** to influence the likelihood of policy debate, garnering support, and successful implementation of prevention interventions. To put things in perspective, **experts at Prevention Institute** pose a question to consider: “If the only understanding that decision makers (and the public) had about community prevention was formed by the media, what would the public and decision makers know, and what wouldn’t they know?”

In all advocacy activities, efforts should be made to use **language that does not stigmatize** those who have experienced ID or substance use. ID is associated with addiction or, for youth, precursors for addiction. Addiction is a chronic, treatable medical condition people can recover from and continue to lead healthy lives. Words or terms that make people feel stigmatized can make people with substance use disorders less willing to seek treatment, and stereotypes about people with disorders can make others feel pity, fear, and even anger. This has implications in ID prevention as well as treatment. Both **SAMHSA** and the **National Institute on Drug Abuse** provide guidelines for overcoming stigma and ending discrimination for substance use and mental health.

Lastly, in 2012 December was designated National Impaired Driving Prevention Month. Employing ID preventions should not be limited to higher-risk times like weekends, or holidays; effective prevention strategies target risk and protective factors that are significant at various times in youth’s lives. However, the designation of the month can be a good starting point for advocacy.

Funding Prevention Initiatives

Both **National Institutes of Health** and **SAMHSA** publish guides on how to successfully apply for grants. Below are ID-specific granting agencies and links to their grant websites.

Federal

- **Substance Abuse Prevention Block Grant (SABG)**

Transportation

- **National Highway Traffic Safety Administration (NHTSA)**
- **Governors Highway Safety Association (GHSA)**

Tribal Funding

- **Indian Health Services**
- **Bureau of Indian Affairs**

U.S. Department of Education (ED)

U.S. Department of Health and Human Services (HHS)

- **Centers for Disease Control and Prevention (CDC)**
- **National Institute on Drug Abuse (NIDA)**
- **Screening, Brief Intervention, and Referral to Treatment (SBIRT)**
- **Substance Abuse and Mental Health Services Administration**

U.S. Department of Justice (DOJ)

- **Bureau of Justice Assistance (BJA)**
- **Bureau of Justice Statistics (BJS)**
- **National Institute of Justice (NIJ)**
- **Office of Community Oriented Policing Services (COPS)**
- **Office of Justice Programs (OJP)**

State Funding Opportunities

- **Colorado Office of Highway Safety**
- **Colorado Department of Transportation**
- **Colorado Department of Public Health and the Environment**



APPENDICES



COMMON SOURCES FOR IMPAIRED DRIVING-RELATED DATA

Data Type	Source	Colorado Resource
State And Local Resources: Health Data Sources	Local, County, and State Health Departments	<ul style="list-style-type: none"> • Directory of Local Health Departments: Colorado • Colorado Department of Public Health and the Environment (CDPHE)
	Hospitals	<ul style="list-style-type: none"> • Colorado Hospital Association
	Poison Control Centers	<ul style="list-style-type: none"> • Colorado Poison Control Center
	Emergency Medical Services (EMS)	<ul style="list-style-type: none"> • Varies by locality
	Community-Based Coalitions and Agencies	<ul style="list-style-type: none"> • CDPHE Regional Health Care Directory
	Coroner's Office or Medical Examiner	<ul style="list-style-type: none"> • Colorado Coroner's Association: Coroners by County • Chief Medical Examiners vary by locality
State And Local Resources: Crime and Accident Data Sources	Local and State Law Enforcement Agencies	<ul style="list-style-type: none"> • Colorado Department of Public Safety
	Department or Bureau of Motor Vehicles (DMV/BMV)	<ul style="list-style-type: none"> • Colorado Department of Revenue: Division of Motor Vehicles Data
	Courts or Justice Department	<ul style="list-style-type: none"> • Colorado Division of Criminal Justice: Office of Research and Statistics • Colorado Judicial Branch: Research and Data
	Demographic Data Sources	<ul style="list-style-type: none"> • Colorado Department of Local Affairs: State Demography Office
	Motor Vehicle Safety Data	<ul style="list-style-type: none"> • Colorado Department of Transportation: Motor Vehicle Problem ID Dashboard
	Department of Public Health	<ul style="list-style-type: none"> • CDPHE: Healthy Kids Colorado Survey Dashboard
		<ul style="list-style-type: none"> • Colorado State Epidemiological Outcomes Workgroup
		<ul style="list-style-type: none"> • CDPHE Injury and Hospitalization Dashboard
		<ul style="list-style-type: none"> • CDPHE Visual Information System for Identifying Opportunities and Needs Dashboard (VISION)

COMMON SOURCES FOR IMPAIRED DRIVING-RELATED DATA (Cont'd.)

Data Type	Source	Colorado Resource
National Resources	<u>Behavioral Risk Factor Surveillance System (BRFSS)</u>	See the Policy Advocacy section of this toolkit for resource that have tips for approaching and requesting information from State and Local departments.
	<u>Fatality Analysis Reporting System (FARS)</u>	
	<u>Uniform Crime Reports (UCR)</u>	
	<u>National Survey on Drug Use and Health (NSDUH)</u>	
	<u>Monitoring the Future</u>	





Environmental Scan

Environmental scans are utilized by public health researchers to identify opportunities to improve interventions, guide research priorities, and inform public health policies and strategies. The purpose of this environmental scan is to **identify** the impaired driving prevention “landscape” in Colorado and **evaluate** existing interventions on key elements. The focus of this scan is narrowed to identify impaired driving policies, interventions, and prevention resources from community organizations focused on young adult populations in the state of Colorado, specifically those resources that utilize elements of a **Positive Youth Development framework**.

Types of Interventions/Resources:

The environmental scan revealed a number of different resources, policies, and interventions throughout Colorado that largely fall into information dissemination and environmental strategies.



Colorado Department of Transportation Tool Kit

The Colorado Department of Transportation created a series of media campaigns and blog posts aimed at preventing teenage impaired driving. This toolkit includes blog posts aimed at young people designed for publication in school newspapers that attempt to discourage teen driving through peer norms. This toolkit also includes short articles aimed at parents to encourage them to speak frankly with their teen about the dangers of impaired driving.



Teens in the Driver Seat

Teens in the Driver Seat is a peer-to-peer educational organization that attempts to educate young people about impaired driving laws, consequences, and empower them to make smarter decisions. This is a national organization that has previously partnered with the Colorado Youth Drivers Alliance.



Colorado Students Against Destructive Driving (Colorado SADD)

Students Against Destructive Driving is a national student-led peer-to-peer organization that creates multi-subject curricula and resources and empowering youth to make responsible decisions. On a national level, there are youth present on the board and in the leadership team. In addition to peer-to-peer education, SADD also targets traffic safety policy such as seatbelts and graduated license development.



University of Colorado Health P.A.R.T.Y program

The Prevention Alcohol and Risk-Related Trauma in Youth is a five-hour program for high school students. The goal of the program is prevention through injury awareness. Students enrolled in the program learn about the potential consequences of impaired driving for themselves and their communities; interact with emergency medical services and health care professionals; and follow the course of an automobile injury from occurrence to treatment and community re-integration.



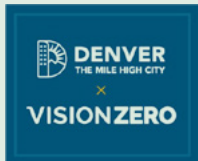
The Heat is On Enforcement Campaign

This campaign consists of 14 specific high-visibility impaired-driving enforcement periods centered on holidays and public events. This campaign implements checkpoints in high-traffic areas to increase visibility of law enforcement consequences.



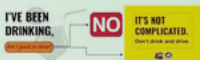
Colorado Young Drivers Alliance (CYDA)

The Colorado Young Drivers Alliance is a coalition of state and local agencies, nonprofits, and private sector organizations that aim to promote young driver safety in Colorado. Areas of focus include increasing enforcement of traffic safety laws such as seatbelt usage, providing technical assistance to Colorado communities aiming to reduce impaired driving among youth.



Vision Zero

Vision Zero is a multidisciplinary global strategy to eliminate all traffic fatalities and severe injuries, with a specific focus on impaired driving. Although not specifically aimed at youth, Vision Zero proposes a departure from a traditional approach that relies on fear-based programming and instead embraces: multi-disciplinary and diverse taskforce leadership, including youth and adults who work directly with youth; systems-based approaches focuses on built environments, systems, policies, social norms, and public to reduce traffic injuries; community engagement in both leadership and through public meetings, surveys, and other feedback opportunities. Vision Zero imagines and articulates what “safe streets” would look like for individual communities.



Colorado Department of Transportation Impaired Driving Policy

Official CDOT policy defines Driving While Ability Impaired (DWAI) as 5% Blood Alcohol Level and Driving Under the Influence as an 8% Blood Alcohol Level. Legal consequences include financial consequences, loss of license, and a DUI record. CDOT has released a number of campaigns that attempt to increase awareness and enforcement of these consequences, such as the *It's Not Complicated* campaign.

Key Stakeholders

Stakeholders are **potential resources** for preventing impaired driving in Colorado. Stakeholders are individuals, groups, or organizations that have a **vested interest** in a particular program or project. They serve as avenues into different sections of communities and they have internal and external sway to enact policies and implement interventions. The environmental scan identified the most **active key stakeholders** connected to impaired driving prevention in Colorado.



Transportation

Transportation refers to public transportation, ride-sharing apps, taxis, and other forms of transit. On a local level, transportation is a key stakeholder in preventing impaired driving. Cities often expand public transportation as an alternative mode of transportation to driving while impaired. On New Years Eve 2022, the Colorado Department of Transportation subsidized Lyft rides using a discount code to encourage alternative modes of transportation on a high-drinking holiday.¹



Public Health

Impaired driving is a public health issue. Building relationships with public health organizations such as hospitals, public health departments, or public-health focused nonprofits can help build healthier communities. The Colorado Department of Public Health and the Environment has incorporated impaired driving prevention into their injury prevention programs. Partnering with stakeholders in the public health realm can help broaden prevention efforts.



Schools & Education

Schools and other educational spaces are key stakeholders in impaired driving prevention, especially among young adults. High schools and college campuses in Colorado serve as key sites for education and awareness campaigns, environmental signage and posters, and data collection sites.



Law Enforcement

Law enforcement agencies and officers are often the first line of intervention among impaired drivers in Colorado. It is important that they are included as stakeholders in prevention efforts to offer their unique perspective as enforcers of consequence.



Local Governments

Colorado city councils and local governments have control over traffic regulations, public transportation departments, and the built environment of communities. Including local government as stakeholders provides special insight into policy regulations and change.

¹ Ski-Hi News. (2022) CDOT offers Lyft credits to help Coloradans avoid drunk driving over New Year's

Gaps

While the environmental scan identified the most common types of impaired driving prevention resources, stakeholders, and interventions, much of what was not identified in the scan suggests areas for consideration with prevention of impaired driving in Colorado.



Positive Youth Development (PYD)

Although impaired driving prevention resources specifically for young people exist in Colorado, **there is a notable gap of programs and resources that prioritize a Positive Youth Development Framework at their core**, and most interventions focus on older adults (21+). Programs need to be relevant to youth as an important stakeholder group. Applying the PYD framework to impaired driving involves empowering young people with the skills to make responsible decisions for themselves and their communities. **Some examples of PYD-focused prevention strategies include:**



Social Norming—Peer-to-peer educational programs. According to the Peer-to-Peer Teen Traffic Safety Program Guide from the National Highway Traffic Safety Administration, peer-to-peer educational programs are peer-led identification of a traffic safety problem, formulation and implementation of an educational program to address the problem, and evaluation of outcomes. Research demonstrates that youth who regularly participate in positive social projects are less likely to engage in risk-taking behaviors.² Furthermore, peer-to-peer education is an effective way to shift group norms and social norms.³



Social Norming—Facilitating positive relationships with parents and/or trusted adults. Networks of supportive adults who connect with youth are an essential component of the PYD framework.



Policy—Creation of youth-led and informed coalitions, steering committees, and task forces to advise future prevention and intervention efforts. The first and most important step in creating youth-informed impaired driving prevention programming is to involve young people from the beginning of the process.

² Carlo et al. (2011) *The Longitudinal Relationships Between Rural Adolescents' Prosocial Behaviors and Young Adult Substance Use*

³ Berkowitz. (2004) *The Social Norms Approach: Theory, Research and Annotated Bibliography*

Prevention Strategies

Currently **many preventions strategies utilize tactics that rely on creating fear and anxiety around potential consequences of impaired driving.** Examples of fear-based prevention strategies include anti-impaired driving campaigns that use graphic or violent imagery to demonstrate the dangers of impaired driving; educational programming that focuses exclusively on the legal consequences, such as imprisonment, of impaired driving; or crash simulations that simulate the experience of being in a car accident. Research demonstrates that, especially in preventing risky drinking behaviors, **focusing on the benefits of responsible behavior can be more effective than the consequences of irresponsible decisions.**⁴

Racial Equity:

Many of the resources in Colorado rely heavily on law enforcement. There is an opportunity to reflect on how enforcement-related strategies (such as high visibility stops and enforcement of social hosting laws) might disproportionately impact communities of color, and how this work can be approached from a more equitable lens.

Geographic Diversity:

The programs, interventions, or resources for impaired driving prevention in Colorado take place in metro areas such as the cities of Denver, Aurora, and Boulder. **Resources specifically designed for and implemented in rural and frontier communities are sparse.** Rural communities require specific interventions and prevention efforts to account for differences in the built environment, class status, and culture. Successful adaptations can be achieved between universal and community-specific interventions.⁵



⁴ Gerend & Cullen. (2008) *Effects of Message Framing and Temporal Context on College Student Drinking Behavior*

⁵ Castro et al. (2004) *The Cultural Adaptation of Prevention Interventions: Resolving Tensions Between Fidelity and Fit*

References

Bradley, M.C., Borradaile, K., and Knab, J., (2020).

Tip Sheet for Conducting Observations, Washington, DC: Office of Population Affairs, Office of the Assistant Secretary for Health, U.S. Department of Health and Human Services. Accessible at https://rhntc.org/sites/default/files/resources/opa_observation_tip_2020_04_17.pdf

Burgess, M. W. (2005). *Contrasting Rural and Urban Fatal Crashes, 1994-2003*. Accessible at <https://play.google.com/store/books/details?id=sRDsDuajjnkC&rdid=book-sRDsDuajjnkC&rdot=1>

Community Anti-Drug Coalitions of American (n.d.)

Advocacy Toolkit CADCA's Guide to Educating Legislators. Accessible at https://www.cadca.org/sites/default/files/advocacy_toolkit.pdf

Carvalho, M. L., Honeycutt, S., Escoffery, C., Glanz, K., Sabbs, D., & Kegler, M. C. (2013). *Balancing Fidelity and Adaptation*. *Journal of Public Health Management and Practice*, 19(4), 348-356. Accessible at <https://scholar.archive.org/work/7rdjiwz67zbovdzy5qbvcea5di/access/wayback/http://pdfs.semanticscholar.org/ce3d/0bea44a85b2123d67cba6098d56a5bfd5e27.pdf>

Catalano, R. F., Berglund, M. L., Ryan, J. A., Lonczak, H. S., & Hawkins, J. D. (2004). *Positive Youth Development in the United States: Research Findings on Evaluations of Positive Youth Development Programs*. *The Annals of the American Academy of Political and Social Science*, 591(1), 98-124. Accessible at https://www.researchgate.net/profile/J-Hawkins-2/publication/247410185_Positive_Youth_Development_in_the_United_States_Research_Findings_on_Evaluations_of_Positive_Youth_Development_Programs/links/558c31f108ae1f30aa8099c4/Positive-Youth-Development-in-the-United-States-Research-Findings-on-Evaluations-of-Positive-Youth-Development-Programs.pdf

Centers for Disease Control and Prevention (n.d.).

Identifying and Determining Involvement of Stakeholders. Accessible at <https://www.cdc.gov/std/Program/pupestid/Identifying%20and%20Determining%20Stakeholders.pdf>

Centers for Disease Control and Prevention. (2010). *Best Practices User Guide: Youth Engagement—State and Community Interventions*. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. Accessible at <https://stacks.cdc.gov/view/cdc/5628>

Centers for Disease Control and Prevention (2011).

Developing an Effective Evaluation Plan. National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; Division of Nutrition, Physical Activity, and Obesity. Accessible at <https://www.cdc.gov/obesity/downloads/CDC-Evaluation-Workbook-508.pdf>

Centers for Disease Control and Prevention (2018).

Evaluation Briefs: Writing Good Goals. Accessible at <https://www.cdc.gov/healthyyouth/evaluation/pdf/brief3a.pdf>

Centers for Disease Control and Prevention (2022).

Impaired Driving. Accessible at https://www.cdc.gov/transportationsafety/impaired_driving/index.html

Centers for Disease Control and Prevention (2020).

Sobering Facts: Alcohol-Impaired Driving Colorado. Accessible at <https://www.cdc.gov/transportationsafety/pdf/impaired-driving-new/CDC-impaired-driving-fact-sheet-Colorado.pdf>

Chan, S., and Scher, L., (2020). *Documenting Adaptations*

Tip Sheet, Washington, DC: Office of Population Affairs, Office of the Assistant Secretary for Health, U.S. Department of Health and Human Services. Accessible at <https://opa.hhs.gov/sites/default/files/2021-03/documenting-adaptations-tip-sheet-2020.pdf>

Colorado Behavioral Health Authority (n.d.).

Community Engagement: Guidance for Data Collection. Accessible at <https://experience.arcgis.com/experience/d278a3c436464b3f8a141c66beff74f9/page/Community-Engagement/>

Colorado Department of Public Health and the Environment (n.d.) *Positive Youth Development Tool Box.* Accessible at <https://sites.google.com/state.co.us/pydinaction/home>

Colorado Department of Transportation (2022). *Impaired Driving.* Accessible at <https://www.codot.gov/safety/impaired-driving>

Colorado Department of Transportation, Office of the Chief Engineer (2023). *Fatal Crashes by County – 2023 - Updated 4/11/2023.* Accessible at https://www.codot.gov/safety/traffic-safety/assets/fatal-crash-data-city-county/city-and-county/fatality_by_county_2023_20230411.pdf

Colorado State University (2014). *Community Readiness for Community Change. Tri-Ethnic Center.* Accessible at https://tec.colostate.edu/wp-content/uploads/2018/04/CR_Handbook_8-3-15.pdf

Colorado State University Prevention Research Center (2023). *Guidance for Fidelity and Adaptation of EBPs.* Accessible at <https://www.chhs.colostate.edu/prc/implementation-toolbox/resources/guidebook-for-fidelity-and-adaptation-of-ebps/>

Community Anti-Drug Coalitions of America (CADCA) (n.d.). *Sample Logic Models for Impaired Driving.* Accessible at <https://www.preventimpaireddriving.org/facts-tools/sample-logic-models/>

Education Development Center (n.d.). *Preventing Substance Misuse in Rural Settings.* Accessible at <https://solutions.edc.org/sites/default/files/Preventing-Substance-Misuse-in-Rural-Settings.pdf>

Education Development Center (2023). *Fit Key Area 1: Assessing Community Readiness.* Accessible at <https://communitysuicideprevention.org/element/fit/assessing-and-developing-community-readiness/>

FHI 360 (2014). *Stakeholder Engagement Toolkit Quick Guide.* Accessible at <https://www.fhi360.org/sites/default/files/webpages/se-toolkit/quick-guide.pdf>

Fortney, J., Booth, B.M. (2001). *Access to Substance Abuse Services in Rural Areas. Alcoholism: Services Research in the Era of Managed Care Organization Access Economics Outcome, 177-197.* Accessible at http://ndl.ether.net.edu/bitstream/123456789/10922/1/78%20.%20Marc_Galanter.pdf#page=204

Glassbrenner, D., Herbert, G., Reish, L., Webb, C., & Lindsey, T., (2022). *Evaluating Disparities in Traffic Fatalities by Race, Ethnicity, and Income (Report No. DOT HS 813 188).* *National Highway Traffic Safety Administration.* Accessible at <https://crashstats.nhtsa.dot.gov/Api/Public/ViewPublication/813188>

Global Giving (2023). *Social Media Toolkit.* Accessible at <https://www.globalgiving.org/learn/social-media-toolkit/>

Goodman, R., & Wandersman, A. (1996). *Community Key Leader Survey. Version: North Dakota Intimate Partner and Sexual Violence Prevention Team (SPT).* Accessible at http://www.ndhealth.gov/injury/nd_prevention_tool_kit/docs/ND_KEY_LEADERS_INVENTORY.pdf

Greene, K. M., Murphy, S. T., & Rossheim, M. E. (2018). *Context and Culture: Reasons Young Adults Drink and Drive in Rural America. Accident Analysis & Prevention, 121, 194-201.* Accessible at <https://www.sciencedirect.com/science/article/am/pii/S0001457518306079>

James Bell Associates. (2008). *Evaluation Brief: Conducting a Process Evaluation.* Arlington, VA. Accessible at <https://www.jbassoc.com/wp-content/uploads/2018/03/Conducting-Process-Evaluation.pdf>

James Bell Associates. (2018). *Formative Evaluation Toolkit: A Step-by-Step Guide and Resources for Evaluating Program Implementation and Early Outcomes.* Washington, DC: Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. Accessible at https://www.acf.hhs.gov/sites/default/files/documents/cb/formative_evaluation_toolkit.pdf

Kagawa, R. M., McCort, C. D., Schleimer, J., Pear, V. A., Charbonneau, A., Buggs, S. A., ... & Laqueur, H. S. (2021). *Racial Bias and DUI Enforcement: Comparing Conviction Rates with Frequency of Behavior.* *Criminology & Public Policy*, 20(4), 645-663. Accessible at <https://onlinelibrary.wiley.com/doi/pdf/10.1111/1745-9133.12558>

Keating, B. (2020). *Fidelity Monitoring Tip Sheet.* Washington, DC: Office of Population Affairs, Office of the Assistant Secretary for Health, U.S. Department of Health and Human Services. Accessible at <https://opa.hhs.gov/sites/default/files/2021-03/fidelity-monitoring-tip-sheet-2020.pdf>

Kretzmann, J. P., McKnight, J., & Puntenney, D. (2005). *Discovering Community Power: A Guide to Mobilizing Local Assets and Your Organization's Capacity.* Evanston, IL: Asset-Based Community Development Institute, School of Education and Social Policy, Northwestern University. Accessible at <https://resources.depaul.edu/abcd-institute/publications/publications-by-topic/Documents/kelloggabcd.pdf>

Malek-Ahmadi, M., Degiorgio, L., (2015). *Risk of Alcohol Abuse in Urban Versus Rural DUI Offenders.* *American Journal of Drug and Alcohol Abuse*, 41(4), 353-357. Accessible at https://www.researchgate.net/profile/Michael-Malek-Ahmadi/publication/277958234_Risk_of_alcohol_abuse_in_urban_versus_rural_DUI_offenders/links/5580572a08ae47061e5f2f1f/Risk-of-alcohol-abuse-in-urban-versus-rural-DUI-offenders.pdf

Mathematica (n.d.). *Survey Administration Guidelines.* Accessible at https://www.prepeval.com/DataCollection/Survey_Admin_Guidelines.pdf

McC Campbell, M. S. (2010). *The Collaboration Toolkit for Community Organizations: Effective Strategies to Partner with Law Enforcement.* U.S. Department of Justice, Office of Community Oriented Policing Services. Accessible at https://rem.s.ed.gov/docs/COPS_CollaborationToolkitCommunityOrgs.pdf

National Highway Traffic Safety Administration (n.d.) **Drunk Driving.** Accessible at <https://www.nhtsa.gov/risky-driving/drunk-driving>

National Highway Traffic Safety Administration (2008). *The Art of Appropriate Evaluation: A Guide for Highway Safety Program Managers.* Accessible at <https://one.nhtsa.gov/people/injury/research/ArtofAppEvWeb/images/ArtofAppEvalCOLOR.pdf>

National Highway Traffic Safety Administration (2020) *Countermeasures That Work: A Highway Safety Countermeasure Guide For State Highway Safety Offices Tenth Edition.* Accessible at https://www.nhtsa.gov/sites/nhtsa.gov/files/2022-06/15100_Countermeasures10th_080621_v5_tag_0.pdf

National Institute for Drug Abuse (2021). *Words Matter: Preferred Language for Talking About Addiction.* Accessible at <https://nida.nih.gov/research-topics/addiction-science/words-matter-preferred-language-talking-about-addiction>

National Institutes of Health (2022). *How to Apply Application Guide.* Accessible at https://grants.nih.gov/grants/Interviewing_Tip_2020_4_20.pdf

O'Connor, C., Small, S. A., & Cooney, S. M. (2007). *Program Fidelity and Adaptation: Meeting Local Needs Without Compromising Program Effectiveness.* *What Works, Wisconsin Research to Practice Series*, 4, 1-6. Accessible at https://fyi.extension.wisc.edu/whatworkswisconsin/files/2014/04/whatworks_04.pdf

Office of Adolescent Health (n.d.). *A Checklist for Putting Positive Youth Development Characteristics into Action in Teen Pregnancy Prevention Programs.* Accessible at https://rhntc.org/sites/default/files/resources/oah_pyd_checklist_2015-04-10.pdf



Out of School Time Professional Development Center (2015). *Promoting Positive Youth Development Mini-Guide.* Accessible at <https://www.cde.state.co.us/dropoutprevention/pvdmiguide>

Pacific Institute for Research and Evaluation (2012). *Scientific Evidence for Developing a Logic Model on Underage Drinking.* Accessible at https://www.pire.org/wp-content/uploads/2020/12/Underage_Drinking_Guide.pdf

Prevention Action Alliance (2023). *Resources for Advocacy of Prevention.* Accessible at <https://preventionactionalliance.org/advocate/resources-for-prevention-advocacy/>

Prevention First (n.d.). *Increasing Community Engagement.* Accessible at <https://www.prevention.org/Resources/665b2d16-d8bf-4099-bae0-e19b7fbc0341/Community%20Engagement%20Toolkit.pdf>

Prevention Institute (n.d.). *Community Prevention Readiness Self-Assessment Tool.* Accessible at <https://www.preventioninstitute.org/sites/default/files/publications/Comm%20Prx%20Assessment%202011.pdf>

Prevention Institute (n.d.). *Making the Case Through Media Advocacy.* Accessible at <https://www.preventioninstitute.org/tools/making-case-through-media-advocacy-toolkit>

Prevention Technology Transfer Center (PTTC) (2023). *Resources for Prevention Advocacy.* Accessible at <https://pttcnetwork.org/centers/pacific-southwest-pttc/alcohol-and-cannabis-policyadvocacy-resources>

Regional Prevention Coordinators (2011). *Assessing Community Needs and Readiness.* Accessible at <https://www.pharmacy.umaryland.edu/media/SOP/wwwpharmacyumarylandedu/programs/bhrt/pdf/assessing-community-needs-and-readiness.pdf>

Rhoades Cooper, B., Parker, L. & Diaz Martinez, A. (2019). *Balancing Fidelity and Adaptation: A Guide for Evidence-Based Program Implementation.* Accessible at <https://pubs.extension.wsu.edu/download/sample/4481>

Romano, E., Voas, R. B., & Lacey, J. H., National Highway Traffic Safety Administration (2010). *Alcohol and Highway Safety: Special Report on Race/Ethnicity and Impaired Driving.* Accessible at <https://www.nhtsa.gov/document/special-report-raceethnicity-and-impaired-driving>

Safe States. (2021). *Socio-ecological Model for Driver Safety.* Accessible at <https://www.safestates.org/page/SRPFSEM>

Safe States. (2019). *Strategies to Address Shared Risk and Protective Factors for Driver Safety.* Accessible at https://cdn.ymaws.com/www.safestates.org/resource/resmgr/nhtsa_resource_document/NHTSA_BHWG_Recommendations_F.pdf

Simons-Morton, B., Li, K., Ehsani, J., & Vaca, F. E. (2016). *Covariability In Three Dimensions of Teenage Driving Risk Behavior: Impaired Driving, Risky and Unsafe Driving Behavior, and Secondary Task Engagement.* *Traffic Injury Prevention*, 17(5), 441-446. Accessible at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4851597/pdf/nihms749109.pdf>

Sloboda, Z., Maalouf, W., Ringwalt, C. (2022). *Law Enforcement in Prevention Programming.* *Applied Prevention Science International Prevention Talks Webinar.* Accessible at <https://youtu.be/2sZSbIMFvfk>

Substance Abuse and Mental Health Services Administration (SAMHSA) (n.d.). *Setting Goals and Developing Specific, Measurable, Achievable, Relevant, and Time-bound Objectives.* Accessible at <https://www.samhsa.gov/sites/default/files/nc-smart-goals-fact-sheet.pdf>

Substance Abuse and Mental Health Services

Administration (SAMHSA) (n.d.). *Community Readiness Training*. Center for the Application of Prevention Technologies. Accessible at <http://alaskaspfsig.org/wp-content/uploads/2012/01/HO-4-Communtiy-Readiness-Tools.pdf>

Substance Abuse and Mental Health Services

Administration (SAMHSA) (n.d.). *Overcoming Stigma, Ending Discrimination*. Accessible at <https://www.samhsa.gov/sites/default/files/overcoming-stigma-ending-discrimination-resource-guide.pdf>

Substance Abuse and Mental Health Services

Administration (SAMHSA) (2010). *Steps for Conducting Research and Evaluation in Native Communities*. Native American Center for Excellence. Accessible at <https://www.samhsa.gov/sites/default/files/nace-steps-conducting-research-evaluation-native-communities.pdf>

Substance Abuse and Mental Health Services

Administration (SAMHSA) (2015). *Reaching and Engaging “Non-College” Young Adults in Prevention Efforts*. Center for the Application of Prevention Technologies. Accessible at <https://mnprc.org/wp-content/uploads/2019/01/reaching-noncollege-young-adults.pdf>

Substance Abuse and Mental Health Services

Administration (SAMHSA) (2019). *A Guide to SAMHSA’s Strategic Prevention Framework*. Rockville, MD: Center for Substance Abuse Prevention. Substance Abuse and Mental Health Services Administration. Accessible at <https://www.samhsa.gov/sites/default/files/samhsa-strategic-prevention-framework-guide-08292019.pdf>

Substance Abuse and Mental Health Services

Administration (SAMHSA) (2019). *Guide to Youth Engagement in Underage Drinking Prevention Events*. Communities Talk. Accessible at <https://www.stopalcoholabuse.gov/media/THMs/GuideToYouthEngagment.pdf>

Substance Abuse and Mental Health Services

Administration (SAMHSA) (2018). *Selecting Best-Fit Programs and Practices: Guidance for Substance Misuse Prevention practitioners*. Accessible at https://www.samhsa.gov/sites/default/files/ebp_prevention_guidance_document_241.pdf

Substance Abuse and Mental Health Services

Administration (SAMHSA) (2019). *Risk and Protective Factors*. Accessible at <https://www.samhsa.gov/sites/default/files/20190718-samhsa-risk-protective-factors.pdf>

Substance Abuse and Mental Health Services

Administration (SAMHSA) (2021). *Socializing Safely This Season: National Impaired Driving Prevention Month*. Accessible at <https://www.samhsa.gov/blog/national-impaired-driving-prevention-month>

Substance Abuse and Mental Health Services

Administration (SAMHSA) (2022). *Developing a Competitive SAMHSA Grant Application*. Accessible at <https://www.samhsa.gov/sites/default/files/developing-competitive-samhsa-grant-application-manual.pdf>

University of Kansas (2023). *Community Toolbox Section 7: Developing a Plan for Advocacy*. Accessible at <https://ctb.ku.edu/en/table-of-contents/advocacy/advocacy-principles/advocacy-plan/main>

University of Kansas (2023). *Community Toolbox Section 9: Community Readiness*. Center for Community Health and Development. Accessible at <https://ctb.ku.edu/en/table-of-contents/overview/models-for-community-health-and-development/community-readiness/main>

University of Kansas (2023). *Community Toolbox Section 19: Using Social Media for Digital Advocacy*. Accessible at <https://ctb.ku.edu/en/table-of-contents/advocacy/direct-action/electronic-advocacy/main>

University of North Dakota (2015). *Community Engagement Toolkit.* The University of North Dakota School of Medicine and Health Sciences Center for Rural Health. Accessible at <https://ruralhealth.und.edu/assets/375-1008/community-engagement-toolkit.pdf>

United States Agency for International Development (USAID) (n.d.). *Designing an Advocacy Strategy.* Accessible at <https://toolkits.knowledgesuccess.org/toolkits/family-planning-advocacy/strategy>

United States Agency for International Development (USAID) (2016). *Positive Youth Development Measurement Toolkit.* Accessible at <https://www.icrw.org/wp-content/uploads/2017/02/PYD-Measurement-Toolkit-Final.pdf>

U.S. Department of Health and Human Services (n.d.). *Logic Model Tip Sheet.* Accessible at https://www.acf.hhs.gov/sites/default/files/documents/prep-logic-model-ts_0.pdf

U.S. Department of Health and Human Services (2018). *The Program Manager's Guide to Evaluation Second Edition.* Administration for Children and Families, Office of Planning, Research and Evaluation. Accessible at https://www.acf.hhs.gov/sites/default/files/documents/opre/program_managers_guide_to_eval2010_508.pdf

U.S. Department of Health and Human Services (2022). *Conducting Evaluation Activities in a Virtual Environment.* Office of the Assistant Secretary for Health. Accessible at https://rhntc.org/sites/default/files/resources/opa_conduct_eval_activities_virt_env_slides_8-5-2022.pdf

WestEd (2021). *The Basics of Reviewing a Research Study.* Regional Educational Laboratory. Accessible at https://ies.ed.gov/ncee/edlabs/regions/west/relwestFiles/pdf/4-2-3-16_REL_West_Reviewing_Research_Elements_Revised_508c.pdf